

NOTICE OF INDEPENDENT REVIEW DECISION

May 31, 2002

Re: IRO Case # M5-02-0652-01
IRO Certificate #4599

Texas Worker's Compensation Commission:

___ has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IRO's, TWCC assigned this case to ___ for an independent review. ___ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, ___ received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is a Board Certified in Neurological Surgery. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to ___ for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The ___ reviewer who reviewed this case has determined that, based on the medical records provided, the requested treatment is not medically necessary. Therefore, ___ agrees with the adverse determination regarding this case. The reviewer's decision and the specific reasons for it, is as follows:

This case involves a 43-year-old female who on ___ was lifting 50 lb. boxes over her head and developed pain in her back. The patient was given pain medication and muscle relaxants and was returned to light duty. The pain was reported in the first notes about the problem to have extended into her right lower extremity. Physical therapy was not helpful. An MRI 3/23/01 showed degenerative disk disease, and some bulging of the L4-5 disk to the

left, which did not correspond to the patient's symptoms. A repeat MRI 6/1/01 showed the same changes at L4-5, and there was some question of a left-sided L5-S1, 2mm disk protrusion. Other diagnostic tests included a CT myelogram, which was found to be normal. The patient had trigger point injections and epidural steroid injections without benefit.

I agree with the carrier's decision to deny lumbar discographic evaluation in this case. There were no significant changes on MRI evaluations that would suggest the potential of discography to give more information. Also, there is possible symptom magnification, such as evidenced in evaluation of straight leg raising. Under these circumstances, finding concordant pain to the point that one could really depend on it being related to any particular level of difficulty would be unusual. Another problem with the development of concordant pain on discography would be the difficulty in determining just which side the patient was having difficulty on. There is not a pattern of discomfort to try to produce with a disk injection. Finally, there is difficulty in determining which therapeutic procedure would be recommended based on a potentially positive discogram.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P O Box 40669, Austin, TX 78704-0012. **A copy of this decision should be attached to the request.**

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute (Commission Rule 133.308(t)(2)).

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 3rd day of June 2002.